



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 04-08
June 1, 2004

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Deputy Director, MassHealth Operations

RE: **Prior Authorization for Therapies**

**Revised Rules
for Certain
Therapy Services**

Effective April 15, 2004, MassHealth has revised its therapy regulations for home health agencies, outpatient hospitals (acute and chronic), physicians, rehabilitation centers, speech and hearing centers, and therapists. The revised regulations allow up to eight physical therapy (PT) visits, eight occupational therapy (OT) visits, and 15 speech/language therapy (ST) visits to a member within a 12-month period without prior authorization. The regulations require providers to obtain prior authorization from MassHealth before providing more than eight PT visits, eight OT visits, and 15 ST visits to a member within a 12-month period. An initial evaluation by a therapist counts toward the eight-visit threshold (for PT or OT) or 15-visit threshold (for ST). The visits for PT, OT, and ST are each counted separately, for each therapy type, toward the limit of visits that can be provided before prior authorization is required.

This new policy does not limit the member to only eight PT visits, eight OT visits, and 15 ST visits within a 12-month period. It only requires the provider to demonstrate the medical necessity for continued therapy through the prior-authorization process after meeting the thresholds.

**Counting of Visits
Began April 15,
2004**

Upon implementation of this policy, regardless of how many visits the member has had before April 15, 2004, MassHealth began counting the first therapy visits occurring on or after April 15, 2004, as the first visit toward the eight or 15 medically necessary visits that are allowed without prior authorization.

If a member was given prior authorization for therapy services before April 15, 2004, and that prior authorization expires after April 15, 2004, MassHealth will honor that prior authorization until the number of authorized visits have been used or until the prior authorization expires, whichever is sooner.

continued on back

Provider Questions Providers received training on this new policy in April and May of this year. In the training sessions, providers were given a detailed explanation of the new policy and an overview of the new Automated Prior Authorization System (APAS). Because this policy has a large impact on some providers, you may receive calls from providers who have questions about the policy or about prior authorization.

- Direct providers who have questions about submitting prior-authorization requests through APAS to the APAS Customer Service line at 1-866-378-3789.
- Direct providers who have questions about prior authorization in general, or about forms used in the prior-authorization process, to MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

The MassHealth Web site also contains frequently asked questions and their answers about this subject for both providers and members. The frequently asked questions include examples of how the therapy prior-authorization policy applies. Go to www.mass.gov/masshealth. Click on "Apply for low-cost health care," then on "Frequently Asked Questions."

Please Note: After July 1, 2004, the frequently asked questions will be listed elsewhere on the MassHealth Web site. After July 1, 2004, go to www.mass.gov/masshealth. Click on the "Consumer" tab. Click on "MassHealth and Insurance," then "MassHealth Information for Members," then "Covered Services," then "Coverage Updates."

**Members
Enrolled in a
Health Plan
through
MassHealth**

Members enrolled through MassHealth in Neighborhood Health Plan, BMC HealthNet Plan, Network Health, or Fallon receive care through the member's health plan. The health plan's prior-authorization policies may differ slightly from MassHealth. The member's provider should follow the health plan's policy.

Members enrolled in PACE (Program of All-inclusive Care for the Elderly) or SCO (Senior Care Options) are not subject to these therapy thresholds.

Members enrolled in Community Case Management (CCM) are subject to the therapy thresholds.

continued on next page

**Right to Appeal
MassHealth's
Decision on a
Request for Prior
Authorization**

MassHealth decides on prior-authorization requests based on its rules about medical necessity. Members may appeal any prior-authorization decision made by MassHealth. The member is notified of the right to appeal at the time the member is notified of MassHealth's prior-authorization decision.

Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline at 617-210-5331.
